U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 J.ABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6963			2. Fiscal Year Covered From:					
				1/1/2	004 Through:	12 / 31	2004	
3. Name and address of person filing.			4. Name	4. Name, file number, and address of labor organization.				
Name	Donald J Ne	wton	Name Illinois District Council #1, BAC					
			Labor	Organization File Nun	mber <i>513</i>	391		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any					
Street 145 E. Hazel St.			Street 1950 W. 43rd St.					
City	City West Chicago		City	Chicago				
State	Illinois	ZIP Code + 4 60185	State	Illinois		ZIP Code + 4	60609	
5. Positio	on in labor organization.		Produced organization of the state of the st	and or self-difference was transcript and production and control of the self-difference of	ikin kirakin dalat oʻran 10 kirilga didiga sapan sapan dir mil saylan kirilga kirilga sabilga k	o menontandrande del relevent mangangangangangan zasatangan pa	or in the first time to the contract of the co	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.								
Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.					
Name		$\frac{1}{\sqrt{2}} \left( \frac{1}{\sqrt{2}} \left( $	system by the Constitution				Periodian ( construction of co	
Trade I	Name, if any:						майдерен жене на середен жене жене жене жене жене жене жене	
P.O. B	ox, Bldg., Room No., if any			999-ber op de het de	de introduise tied tied de de deer kommeliaansen en amerikan alle mit kommeliat il bevervele. Med ein de	nal dulid erum in mel melenden saam on plaasia, men op da plans in op acte. Mit kan 1848 in 1848 in de konstruer op acte op acte op acte.		
Street		ттом от от менения выполнять не и и и и и и и и и и и и и и и и и и	7.b. Am	ount.				
City				grand-orionic gr	alder med the state of the stat			
State		ZIP Code + 4		**************************************	and encountry-movement of the first state of the fi			
Signature								
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law; that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned knowledge and belief, true correct, and complete. (See the section on penalties in the instructions.)								
Signe	ed Vanavolf.	Yews	On	8-9-05 Date	773.5	171 · 1519 elephone Numb	<b>2</b>	
Form LM-	30 (2003)					-	<u> </u>	

Name of Person Filing Donald Newton	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name International Masonry Institute  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name International Masonry Institute  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Fifth floor  Street 1776 Eye St. NW  City Washington  State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Wages for part time apprentice instruction					
	12.b. Amount. \$2,93					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.					
13 h le the Business an Employer or Consultant 2	14.b. Amount of payment.					

Name of Person Filing Donald Newton	File Number U-
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name District Council Training Center Fund  Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	X b. Trust	
Street	c. Employer	
	<u></u>	
City State ZIP Code + 4		
Service and the contract of th	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.		
Name District Council Training Center fund	Fringe Benefit payments	Poor illinois de la company de
Trade Name, if any:	ora-re-	DODOMA PALAGONA A
P.O. Box, Bldg., Room No., if any	A street enough	ms society measurement
Street 2140 Corporate Dr.	The second secon	the thinks common to
Ch.	annotations.	and display contracts
City Addison		
State Illinois ZIP Code + 4 60101	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Fringe benefit payments for hours time apprentice instructor	worked as a part
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	out-one-set plan	Aponya Gerryn
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	12.b. Amount.	\$915